

<p style="text-align: center;">2018 REGISTERED FACILITY ANNUAL REPORT UNRECOGNIZABLE FOOD PROCESSING WASTE LAND APPLICATION 6 NYCRR Part 361-2</p>

NOTE: New form for 2018 reporting year!

This annual report is for the year of operation from January 01, 2018 to December 31, 2018

This form is for the land application of Unrecognizable Food Processing Waste (UFPW) under section 361-2.3 of the Part 360 series (formerly 360-4). Forms for all solid waste management facilities can be found at <http://www.dec.ny.gov/chemical/52706.html>. If you have any questions about this form, please e-mail organicrecycling@dec.ny.gov.

Submit the Annual Report no later than March 1, 2019.

Failure to provide the required information requested is a violation of Environmental Conservation Law. Timely submission of a properly completed form to the Department's Regional Office that has jurisdiction over your facility and to the Department's Central Office is required to meet the Annual Report requirements of 6 NYCRR Part 360 series.

Attach additional sheets if space on the pages is insufficient or supplementary information is required or appropriate.

<p>REGISTERED FACILITY NAME: _____</p> <p>SW FACILITY ACTIVITY NUMBER (Ex. 12A30099 or 59L04): _____</p> <p>COUNTY WHERE LAND APPLICATION OCCURED: _____</p>
--

DEC USE ONLY	
Region:	SWIMS:
	MATRIX:
Date Reviewed:	
Reviewed By:	

REGISTERED UNRECOGNIZABLE FOOD PROCESSING WASTE LAND APPLICATION ANNUAL REPORT

SECTION 1 – FACILITY INFORMATION

FACILITY INFORMATION			
FACILITY NAME:			
FACILITY LOCATION ADDRESS:	FACILITY CITY:	STATE:	ZIP CODE:
FACILITY TOWN:	FACILITY COUNTY:	FACILITY PHONE NUMBER:	
NYSDEC REGION #:			
OWNER INFORMATION			
OWNER NAME:	OWNER PHONE NUMBER:	OWNER FAX NUMBER:	
OWNER ADDRESS:	OWNER CITY:	STATE:	ZIP CODE:
OWNER CONTACT:	OWNER CONTACT EMAIL ADDRESS:		
OPERATOR INFORMATION			
OPERATOR NAME: <i>same as owner</i>			
PREFERENCES			
<i>Preferred address to receive correspondence:</i> <i>Facility location address</i> <i>Owner address</i> <i>Other (provide):</i>			
<i>Preferred email address:</i> <i>Facility Contact</i> <i>Owner Contact</i> <i>Other (provide):</i>			
<i>Preferred individual to receive correspondence:</i> <i>Facility Contact</i> <i>Owner</i> <i>Owner Contact</i> <i>Other (provide):</i>			
Did you operate in 2018? Yes; Complete this form. No; Complete and submit Sections 1 and 8. If you no longer plan to operate and wish to relinquish your permit/registration associated with this solid waste management activity, please notify the regional office of your intent. See attachment for Regional Office addresses and contacts.			

SECTION 2 – TRANSPORTER INFORMATION

NAME OF TRANSPORTER COMPANY:	
PART 364 NUMBER:	TRANSPORTER PHONE NUMBER:

SECTION 3 – SOURCE AND QUANTITY OF WASTE

Type of UFPW (i.e. whey, sludge, DAF, etc.): _____

Name of Food Processor: _____

Food Processor Address: _____

Total Quantity of UFPW Applied: _____ gallons or pounds (*circle one*)

Total Acres Used for Application: _____ acres

**UFPW: Unrecognizable Food Processing Waste

SECTION 4 – UFPW NUTRIENT ANALYSIS

A minimum of three sampling analyses and laboratory results as required under Part 360 of the unrecognizable food processing waste. Copies or original laboratory results must be attached.

Analysis Date =====>			
TKN (mg/kg)			
Ammonia Nitrogen (mg/kg)			
Nitrate (mg/kg)			
Total Phosphorus (mg/kg)			
Total Potassium (mg/kg)			
Calcium Carbonate Equivalence (%)			
Chlorides			
pH (s.u.)			
Total Solids(%)			

SECTION 5 – LAND APPLICATION FIELD(S)
Please provide example calculation for amount of nitrogen applied.
(Copy and use additional sheets if necessary)

Site Owner: _____

Field Address: _____ Town: _____ Zip Code: _____

Field Number: _____ Field Size: _____ acres

UFPW Applied: _____ gallons Application Rate: _____ gallons/acre

Crop Grown: _____ Chloride Loading: _____ lbs/acre/year

Crop Nitrogen Needs: _____ lbs/acre Nitrogen Applied: _____ lbs/acre

Site Owner: _____

Field Address: _____ Town: _____ Zip Code: _____

Field Number: _____ Field Size: _____ acres

UFPW Applied: _____ gallons Application Rate: _____ gallons/acre

Crop Grown: _____ Chloride Loading: _____ lbs/acre/year

Crop Nitrogen Needs: _____ lbs N/acre Nitrogen Applied: _____ lbs N/acre

Site Owner: _____

Field Address: _____ Town: _____ Zip Code: _____

Field Number: _____ Field Size: _____ acres

UFPW Applied: _____ gallons Application Rate: _____ gallons/acre

Crop Grown: _____ Chloride Loading: _____ lbs/acre/year

Crop Nitrogen Needs: _____ lbs/acre Nitrogen Applied: _____ lbs/acre

SECTION 6 – PROBLEMS

Identify any major problems encountered during the reporting period and methods for resolution of the problems. Also, identify any major procedural or operational changes during the reporting period. This should include odor complaints, marketing difficulties, major equipment failures, etc.

SECTION 7 - QUESTIONS

Please identify any questions or concerns that you would like the Department to answer or consider:

SECTION 8 – CERTIFICATION

The Owner or Operator must sign, date and submit one completed form with an original signature to the appropriate Regional Office (See attachment for Regional Office addresses and Contacts.)

The Owner or Operator must also submit one copy by email, fax or mail to:

**New York State Department of Environmental Conservation
Bureau of Waste Reduction and Recycling – Annual Report
625 Broadway – 9th Floor
Albany, New York 12233-7253**

Phone: 518-402-8706

Fax 518-402-9024

Email address: organicrecycling@dec.ny.gov

Registration under Part 360 Regulations Pre November 2017

I certify, under penalty of law, that the management practices and the vector attraction reduction requirements in Subpart 360-4 have been met. This determination has been made under my direction and supervision in accordance with the system designed to ensure that qualified personnel properly gather and evaluate the information used to determine that the vector attraction requirements have been met. I am aware that there are significant penalties for false certification including the possibility of fine and imprisonment.

Registration under Part 360 Regulations Post November 2017

I certify, under penalty of law, that the information that will be used to determine compliance with the requirements in Subpart 361-2 of 6 NYCRR Part 361 has been prepared under my direction and supervision in accordance with the system designed to ensure that qualified personnel properly gather and evaluate this information. I am aware that false statement made herein are punishable pursuant to section 210.45 of the penal law.

_____ Signature	_____ Date
_____ Name (Print)	_____ Title (Print)
_____ Email (Print)	
_____ Address	_____ City
_____ State and Zip	(____)____-_____ Phone Number

ATTACHMENTS: NO YES (IF YES, LIST ATTACHMENTS)

- _____
- _____
- _____

New York State Department of Environmental Conservation
Division of Materials Management
Bureau of Waste Reduction and Recycling

MATERIAL MANAGEMENT PROGRAM CONTACTS

CENTRAL OFFICE

Bureau of Waste Reduction and Recycling
625 Broadway
Albany, NY 12233-7253
Phone: (518) 402-8706

For Submission of Organics Recycling Annual Reports only:

Fax: (518) 402-9024

Email: organicrecycling@dec.ny.gov

REGIONAL OFFICE ADDRESS & LEAD CONTACT PERSON

REGION 1 (Nassau, Suffolk)

Syed Rahman/David Gibb
SUNY @ Stony Brook 50
Circle Road
Stony Brook, NY 11790
Phone: (631) 444-0375
SWMFAnnualReportR1@dec.ny.gov

REGION 2 (Bronx, Kings, New York, Queens, Richmond)

Joseph O'Connell
47-40 21st Street
Long Island City, NY 11101-5407
Phone: (718) 482-4896
SWMFAnnualReportR2@dec.ny.gov

REGION 3 (Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester)

James Lansing
21 South Putt Corners Road
New Paltz, NY 12561
Phone: (845) 256-3123
SWMFAnnualReportR3@dec.ny.gov

REGION 4 (Albany, Columbia, Delaware, Greene, Montgomery, Otsego, Rensselaer, Schenectady, Schoharie)

Victoria Schmitt
1130 North Westcott Road
Schenectady, NY 12306
Phone: (518) 357-2243
SWMFAnnualReportR4@dec.ny.gov

REGION 5 (Clinton, Essex, Franklin, Fulton, Hamilton, Saratoga, Warren, Washington)

Kevin Wood
232 Golf Course Road
Warrensburg, NY 12885
Phone: (518) 623-1230
SWMFAnnualReportR5@dec.ny.gov

REGION 6 (Herkimer, Jefferson, Lewis, Oneida, St. Lawrence)

Gary McCullouch
317 Washington Street
Watertown, NY 13601
Phone: (315) 785-2513
SWMFAnnualReportR6@dec.ny.gov

REGION 7 (Broome, Cayuga, Chenango, Cortland, Madison, Onondaga, Oswego, Tioga, Tompkins)

Thomas Annal
615 Erie Boulevard West
Syracuse, NY 13204
Phone: (315) 426-7419
SWMFAnnualReportR7@dec.ny.gov

REGION 8 (Chemung, Genesee, Livingston, Monroe, Ontario, Orleans, Schuyler, Seneca, Steuben, Wayne, Yates)

Greg MacLean
6274 East Avon-Lima Road
Avon, NY 14414
Phone: (585) 226-5408
SWMFAnnualReportR8@dec.ny.gov

REGION 9 (Allegany, Cattaraugus, Chautauqua, Erie, Niagara, Wyoming)

Peter Grasso
270 Michigan Avenue
Buffalo, NY 14203
Phone: (716) 851-7220
SWMFAnnualReportR9@dec.ny.gov